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Bib Data Sheet

CONFIRMATION NO. 4929

<b>SERIAL NUMBER</b> 10/802,011	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2112	<b>ATTORNEY DOCKET NO.</b> BP3134CIP
<b>APPLICANTS</b> Ba-Zhong Shen, Irvine, CA; Hau Thien Tran, Irvine, CA; Kelly Brian Cameron, Irvine, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/723,574 11/26/2003 PAT 7,185,270 and claims benefit of 60/478,690 06/13/2003 and claims benefit of 60/490,967 07/29/2003 and claims benefit of 60/519,457 11/12/2003 and claims benefit of 60/548,971 03/01/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 57
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 51472				
<b>TITLE</b> LDPC (LOW DENSITY PARITY CHECK) CODED MODULATION HYBRID DECODING USING NON-GRAY CODE MAPS FOR IMPROVED PERFORMANCE				
<b>FILING FEE RECEIVED</b> 1908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	